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PTO/SB/82 (01-06)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/741,518
	Filing Date	12/19/2003
	First Named Inventor	CHEBOLU
	Art Unit	2181
	Examiner Name	
	Attorney Docket Number	B5030108

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

38516

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC				
Address	P.O. Box 3822				
City	Cary	State	NC	Zip	27519
Country	USA				
Telephone	(919) 469-2629	Email	scott@scottzimmerman.com		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	Scott P. Zimmerman		
Date		Telephone	(919) 469-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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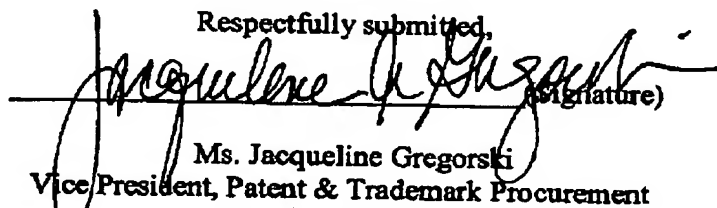
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